



# Camber College®

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## Credit Card Authorization Form

I hereby authorize Camber College to charge the following credit card with the amount below:

Name on Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiry Date : \_\_\_\_ / \_\_\_\_ (mm/yyyy)

Amount : \_\_\_\_\_ (Canadian Dollar)

(Please be advised that we have to charge a 2.75% Credit Card Authorization fee on all outstanding amounts – Please include this in the Amount line above)

Signature: \_\_\_\_\_

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